MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/550/550	
APPLICANT(S)	

6-9-06 4-20-07 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1		51							
2				1		1	52							
3				1		1	53							
4				3	1		54							
5				3		1	55							
6				3		1	56							
7				3		1	57							
8				3	1		58							
9				3		1	59							
10				3		1	60							
11				3		1	61							
12				3		1	62							
13				3		1	63							
14				3		1	64							
15				3		1	65							
16				3		1	66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
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28							78							
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31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50			1				100							
TOTAL IND.		↓	1	↓	3	↓	TOTAL IND.			↓		↓		↓
TOTAL DEP.			39		13		TOTAL DEP.							
TOTAL CLAIMS			40		16		TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS